

System-level trends in working conditions, and interventions to reduce socioeconomic health inequities

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Research recommendations

**Adequate funding needed for surveillance, etiological research and intervention research.
Current NIOSH funding (at 1% of NIH) is inadequate to fund such necessary research:**

- I. Surveillance (beyond BLS reports of occupational injury and illness)
 - A. Add working conditions questions to ongoing NIH-funded prospective chronic disease studies: MESA, REGARDS, ARIC
 - B. NIOSH-funded surveys need to be conducted more frequently, with more working conditions questions, and with adequate analysis:
 1. Quality of Work Life (QWL, currently every 4 years)
 2. National Health Interview Survey-Occupational Health Supplement (NHIS-OHS, currently every 5 years with few questions)
 - C. National Center for Health Statistics needs to report mortality data by socioeconomic status (SES) in addition to age, gender, race/ethnicity
 - D. NHANES & NHIS need to report exposure and disease prevalence data by SES, in addition to age, gender, race/ethnicity
 - E. Funding is needed for translating job characteristics surveillance data into data useful for practitioners and organizations. For example, the Healthy Work Campaign is developing an on-line work organization survey tool that will provide feedback to participants on how their scores compare to national distributions (from the NIOSH QWL or NHIS-OHS surveys) and potential work-related intervention strategies based on their scores.

- II. Etiological research
 - A. Intersectional approaches -- additive or synergistic effects of social identity, social position, and systems of privilege, including gender, race/ethnicity, social class, disability status, sexual orientation. Examples:
 1. Choi 2017: impact of poor working and living conditions on obesity and obesity disparities among racially diverse urban transit workers
 2. Baron 2014: value of integrated health protection and health promotion programs at the worksite, at state and local health departments, at community health centers, and at community-based organizations to address the needs of the low-income workforce
 - B. “Upstream” risk factors in relation to working conditions & health inequities (income inequality, union density, public funding, labor flexibility, social mobility, immigration, precarious employment conditions)
 - C. Inadequate NIOSH funding also marginalizes occupational safety and health (OSH) within research institutions. This can lead researchers to choose other fields when adequate OSH research funding unavailable.

- III. Intervention evaluation research
 - A. Ecological studies to evaluate impact of laws/regulations at the municipal or state level, such as minimum wage laws, wage theft laws, paid sick leave & paid family leave laws

- B. Research focused on the impact of programs, policies, laws, regulations, collective bargaining language and education targeted to lower income workers and workers of color. Worker groups could include hotel housekeepers, restaurant workers, disaster cleanup workers, nurses, domestic workers, cleaners, home care workers, day laborers, nail salon workers, and car wash workers.

IV. References

Baron SL, Beard S, Davis LK, et al. Promoting integrated approaches to reducing health inequities among low income workers: applying a social ecological framework. *Am J Ind Med.* 2014;57(5):539–556.

Choi B, Schnall P, Dobson M, Yang H, Baker D, Seo Y. A socioecological framework for research on work and obesity in diverse urban transit operators based on gender, race, and ethnicity. *Ann Occup Environ Med.* 2017;29(1):15.